

BUILDING AN EU ACTION PLAN TO DRIVE FORWARD THE ELIMINATION OF VIRAL HEPATITIS BY 2030

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**ASSOCIATIONS COLLABORATING ON HEPATITIS TO
IMMUNIZE AND ELIMINATE THE VIRUSES IN EUROPE**

MEETING REPORT

There is a general complacency to fight viral hepatitis B and C, putting in jeopardy both the WHO target to eliminate viral hepatitis by 2030 and the UN SDGs. This was in essence the assessment of the participants in the **ACHIEVE** coalition's workshop 'Building an EU Action Plan to drive forward the elimination of viral Hepatitis by 2030', held in Brussels on 12 December.

Participants were asked to explore how the EU could help put elimination of hepatitis B and C on track, and implement the WHO Global Strategy and the WHO European Action Plan, using the following questions as guidance to the discussion:

- × How can the EU help drive forward hepatitis B and C elimination in both Member States and externally?
- × What policies are needed to achieve the elimination goals and should these policies go beyond public health?
- × Are the tools and infrastructure currently available able to provide the necessary information or are they in need of improvement?
- × What type of research and funding are necessary to achieve the elimination goals?
- × Are there synergies that can be exploited between hepatitis B and C elimination and the efforts to eliminate HIV/AIDS and Tuberculosis?



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The **ACHIEVE** coalition is grateful to the four speakers who provided insightful presentations to set the scene during the workshop. They were:

Erika Duffell, *European Centre for Disease Prevention and Control (ECDC)*

At the request of the European Commission, the ECDC has developed a system for monitoring the response to hepatitis B and C epidemics in EU/EEA countries. The monitoring system should help EU/EEA countries in monitoring their response to the epidemics of hepatitis B and C, as well as guide the European Commission, European agencies and other organisations in working together to support countries achieve the elimination goal.

While all EU/EEA countries have shown commitment and provided data for the indicators identified for testing and treatment, there are both significant gaps and quality issues for data provided on testing and treatment (the continuum of care), as well as on mortality. Those responsible for data collection in Member States need more resources and support, if the EU is to fulfil its monitoring commitment for hepatitis.

Antons Mozalevskis, *World Health Organization (WHO) Regional Office for Europe*

While an increasing number of countries have adopted national strategies or action plans, there has been a noticeable decline in interest from some politicians and other partners that could jeopardize the implementation of these plans. At the same time, the evolution in the price of medicines and diagnostics has led to improved access for those that have been diagnosed and linked to care. Usually there are no waiting lists for those that have been diagnosed, with the exception of a few regions such as the Balkans, and there is a general but false feeling amongst decision-makers that the job is done.

On the contrary, the vast majority of people with hepatitis B and C do not know of their infection. This is why screening strategies need to be revised in order to capture these cases. Furthermore, greater efforts need to be made to implement the UN Resolution on Universal Health Coverage including for hepatitis B and C, moving care out of the hospital settings, simplifying and integrating care to serve the patient. Finally, greater investment in prevention needs to be made and monitoring needs to also include re-infection and sequelae diseases, such as liver cancer and cirrhosis, with a view to depicting a truthful burden of the hepatitis B and C.



Julia del Amo, Ministry of Health, Consumers Affairs and Social Welfare (SCBS) Spain

Julia del Amo presented the national strategy against hepatitis C in Spain, which was adopted in 2015 with the goal to reduce the country's morbidity and mortality related to hepatitis C. From January 2015 until September 2019, over 135.000 persons have been treated with DAA in Spain, with a clinical effectiveness of 96%. In addition to developing specific plans for micro-elimination in specific risk groups such as prisoners, the plan also sought to identify the prevalence of undiagnosed people in the general population. To this end, a population-based study was conducted in 2017-18 that yielded a prevalence of hepatitis C active infection of 0.22%, which in population terms resulted in 76.839 persons with an active hepatitis C infection in Spain out of 22.478 (29%) who were not yet diagnosed. Over 50% of those who were diagnosed with an active infection were receiving state-of-the-art treatment. Spain is now working on the national screening guidelines to identify the undiagnosed in primary care settings (and link them to care and cure).

Furthermore, and in recognition that undocumented migrants and other vulnerable populations are affected by hepatitis C at an above average rate, Spain decided in July 2019 (two-months prior to the UN Resolution on Universal Health Coverage) that their health care cost would be recuperated as part of Universal Health Coverage, making it even easier for those populations to access hepatitis C care.

Sergio Carmona, Foundation for Innovative New Diagnostics (FIND)

Sergio Carmona highlighted that there is need to mobilize additional funds if we aim to eliminate hepatitis B and C through universal health coverage by 2030. The WHO's 2017 cost projections to achieve health-related Sustainable Development Goals did not include the resources needed for hepatitis B and C testing and treatment. Hepatitis B and C is also often absent in funding portfolio of major international donor organizations and national programmes. For the world community to fulfil the World Health Assembly call for elimination of hepatitis B and C as a public health threat by 2030 (-90% incidence and -65% mortality), it is imperative to better integrate hepatitis B and C into existing programmes to prevent, screen and link to care for other communicable diseases, such as for HIV/AIDS. Greater efforts need to be made to identify the undiagnosed, through integrated screening and involving civil society to increase awareness and improve the understanding of viral hepatitis and its transmission risks. Greater clarity is needed on key populations, as well as improved cooperation between health, social and education services.



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DISCUSSION

Elena Val from the International Office for Migration (IOM) highlighted the importance of ensuring access and integration to health services for vulnerable populations such as Roma, prisoners and undocumented migrants, stranded or moving to Europe and/or within Europe. In the context of HIV/AIDS, the IOM is currently cooperating with UN AIDS and the WHO on a position paper to be shared with the main EU stakeholders and Achieve once finalised. The IOM advocates for health assessments for vulnerable people, provided respects Human Rights. Elena also highlighted the importance of breaking silos in competence to ensure linkage to care. Julia del Amo pointed out the need to move treatment outside clinical settings to ensure that those populations are linked to care and cure, and do not get lost after diagnosis. Amish Laxmidas, UNITE, highlighted that the political will of parliamentarians is a decisive factor in urging governments into action and moving the needle to achieve elimination. Jessica Hicks, Achieve representative from the World Hepatitis Alliance, which advocated successfully for the inclusion of hepatitis B and C in the UN Declaration on Universal Health Coverage in September, highlighted the need for the EU to better coordinate policies and funds for development and cooperation to ensure the full integration of hepatitis B and C.

WORKSHOP OUTCOMES

CONSIDERATIONS FOR EU SUPPORT IN THE NEW LEGISLATURE TO ACHIEVE THE WHO/ UN ELIMINATION TARGET BY 2030:

1. Considerations for better monitoring

Rationale: You can't beat what you can't measure.



- × For the EU to fulfil its monitoring commitment on the UN SDGs with regard to hepatitis B and C, the EU needs to incentivise and support Member States to provide better national data on the cascade of care.
- × Countries making progress on elimination should be rewarded and acknowledged by the EU, such as through the European Semester process.
- × E-health solutions as part of the European Health data space should be explored going forward to make it easier for national bodies (including public health authorities, clinics, civil society) to provide data to the ECDC, ensuring access and connectivity.
- × Better awareness of the hepatitis B and C elimination goal, could be achieved through the inclusion of relevant indicators in the annual Health at a Glance, jointly adopted by the European Commission and the OECD, as well as other relevant reports.
- × Better parliamentary scrutiny through a bi-annual UN SDG progress report, particularly on communicable diseases with the expert consultation of the relevant EU Agencies, namely ECDC and EMCDDA.

2. Considerations for better prevention

Rationale: Better prevention of viral hepatitis through vaccination for viral hepatitis B, prevention of infection and re-infection through better awareness of infection risks.



- × Europe's Beating Cancer Plan should recognise the importance not only of hepatitis B immunisation, but also of the importance of improved diagnosis and linkage to care for hepatitis B and C, as well as of better awareness of and protection from the transmission risks, addressing it accordingly in all communications.
- × Ensure that the Mission on Cancer, as part of Horizon Europe, also looks at cancer prevention as a social medicine issue.
- × The EU should ensure that hepatitis B vaccination coverage also benefits from the political momentum following the 2018 Council Recommendation on Vaccination, so that the WHO targets with regard to hepatitis B immunisation will be met.
- × The EU should fund research for the development of a curative vaccine for hepatitis B, as well as a preventative vaccine for hepatitis C.
- × The EU should review all the programmes and initiatives, such as the European Social Fund but also EU Structural and Cohesion Funds, to help raise awareness about the transmission risks for communicable diseases (targeting risk groups, the general population, or at training of healthcare professionals) and assess whether it makes sense to also include hepatitis B and C), and ensure their implementation in Member States.
- × The EU should include hepatitis B and C in health promotion initiatives via modern information technology.
- × The EU should coordinate development cooperation funds to ensure an integration of hepatitis B and C in existing and future programmes.

3. Considerations for better diagnosis

Rationale: *There are still significant numbers of people with hepatitis B and C who go undiagnosed. For elimination to work, greater efforts must be made to identify those who have viral hepatitis unknowingly.*



- ✘ The EU should ensure political momentum for better diagnosis for example by means of a Council Recommendation for hepatitis B and C screening. This way Member States could:
 - Make full use of the 'easy wins' in case funding through micro-elimination targeted at defined risk groups;
 - Invest in decentralised testing, such as in pharmacies, outside healthcare settings, opportunistically, or when entering a hospital, to capture those people who have hepatitis B and C unknowingly but are not consciously part of defined risk groups;
 - Apply relevant EU guidance, for example on migrant health provided by IOM, or ECDC guidance on integrated testing for Hepatitis and HIV/AIDS, and report back on results;
 - Input into a European health data space for hepatitis B and C.
- ✘ The EU should provide Member States with support for screening in relevant funding programmes, such as the European Social Fund and the European Structural Funds.
- ✘ The EU should help Member States recognise patterns in the health records of already identified patients by means of data mining to further more targeted diagnosis.
- ✘ The EU should facilitate stakeholder discussions on best practice sharing in the new online health policy platform.
- ✘ The EU should coordinate the development cooperation funds to ensure an integration of viral hepatitis B and C in existing and future programmes.

Risk groups: In 2018, the ECDC identified the following populations as at risk

Hepatitis B	Hepatitis C
<p>Likely to be at higher risk of disease or higher disease burden across EU/EEA</p> <ul style="list-style-type: none"> ✘ Dialysis/haemodialysis patients ✘ People living with HIV (PLHIV) and PLHIV with multiple risks (MSM living with HIV, PWID living with HIV, PLHIV in prison) <p>Populations identified as possibly at risk in certain regions or under certain circumstances are:</p> <ul style="list-style-type: none"> ✘ PWID ✘ MSM ✘ People in prison and ✘ Migrants 	<p>Likely to be at higher risk of disease or higher disease burden across EU/EEA</p> <ul style="list-style-type: none"> ✘ People who inject drugs (PWID) ✘ People in prison ✘ PLHIV and PLHIV with multiple risks (PWID in prison, PWID living with HIV, homeless PWID, PLHIV in prison, MSM living with HIV) ✘ Dialysis/haemodialysis patients ✘ Recipients of Substances of Human Origin (SoHO), ✘ Diabetics ✘ Infants of mothers with chronic hepatitis C and other family members of people with chronic Hepatitis C <p>Populations identified as possibly at risk in certain regions or under certain circumstances are:</p> <ul style="list-style-type: none"> ✘ PWID ✘ MSM ✘ People in prison and ✘ Migrants

4. Considerations for better linkage to care

Rationale: Vulnerable populations have an above average risk of being infected with hepatitis B and C and need to be supported in accessing care.



- × The EU should politically promote and oversee the implementation of the UN SDGs, UN Declaration on Universal Health Coverage with regard linkage to state of the art hepatitis B and C care for vulnerable populations, and also enshrine the EU's commitment to implement of the European Pillar for Social rights with regard to equal access to healthcare.
- × The EU should facilitate stakeholder discussions on best practice for linkage to care in the new online health policy platform, and discuss its dissemination.
- × The EU should facilitate discussions among decision-makers on how to remove barriers which prevent the decentralisation of care.
- × The EU should coordinate development cooperation funds to ensure an integration of hepatitis B and C in existing and future programmes.
- × The EU should include the importance of access to hepatitis diagnosis and care in horizontal initiatives aimed at risk groups, such as the Roma Strategy.



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